

Resources:

www.acsap.army.mil

AR600-85

Commander's Guide and UPL Handbook

**Developed for Commanders by the
Army Center for Substance Abuse Programs**

Send suggestions or comments to:

ACSAP

ATTN: Prevention and Training Branch

4501 Ford Avenue, Suite 320

Alexandria, VA 22302



A Commander's
TOP
10
GUIDE
to the
Army
Substance Abuse
Program





MY ASAP CONTACT INFORMATION

ADCO: Name _____ Phone _____
E-mail _____

PC: Name _____ Phone _____
E-mail _____

IBTC: Name _____ Phone _____
E-mail _____

CD: Name _____ Phone _____
E-mail _____

Primary UPL: Name _____ Phone _____
E-mail _____

Alternate: Name _____ Phone _____
E-mail _____

NOTES

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What is the ASAP?

The Army Substance Abuse Program (ASAP), formerly known as the Army Drug and Alcohol Prevention and Control Program (ADAPCP), is a commander's retention and readiness program under the direction of the G1 designed to:

- Educate and train soldiers about drugs and alcohol, and the potential impact/consequences of use and/or abuse to the Army and unit readiness, to their health and career, and to their relationships with subordinates, family and friends.
- Deter substance abuse through an aggressive urinalysis program.
- Identify soldiers with substance abuse problems as early as possible.
- Return to full duty those soldiers identified as having substance abuse problems, who demonstrate the ability to be substance free and have the potential for continued military service.

The ASAP is split into two major components the clinical and non-clinical ASAP or Command ASAP. The Com-

mand ASAP works under the installation/garrison commander and is responsible for drug and alcohol prevention and training programs, urinalysis specimen collection, shipping and handling, risk reduction and all other non-clinical functions within the ASAP. The proponent for the Command ASAP is the Army Center for Substance Abuse Programs (ACSAP) which falls under the Human Resources Directorate of the G1.

The clinical ASAP handles the treatment and rehabilitation of soldiers that are identified as having substance abuse problems. USA Medical Command has oversight responsibility for the clinical ASAP.

Command ASAP

ADCO The Alcohol and Drug Control Officer is in charge of all non-clinical ASAP functions and is your primary POC for ASAP issues.

PC The Prevention Coordinator is responsible for prevention and training programs on your installation to include unit level training.

IBTC The Installation Biochemical Test Coordinator is the installation subject matter expert for drug testing procedures.

EAPC Employee Assistance Program Coordinator is the primary POC for civilian employees in need of assistance.

Risk Reduction Coordinator — Is the primary POC for the Risk Reduction Program statistics and Unit Risk Inventory Surveys.

Clinical ASAP

CD The Clinical Director is in charge of the clinical ASAP and is your POC for counseling and rehabilitation services.

Counselors The counselors screen soldiers with potential substance abuse problems and provide treatment and counseling.

Other Personnel

Commander You as a commander have a key role in the Army's substance abuse program.

UPL The Unit Prevention Leader is your primary POC at the unit for ASAP issues.

MRO The Medical Review Officer reviews drug positive results that could be due to authorized prescription medication.

SJA The Staff Judge Advocate is your legal advisor for drug and alcohol cases.

MP/CID The Military Police and the Criminal Investigation Division provide blotter reports and investigate drug cases.



Educate and train.



Deter substance abuse.



Identify soldiers with substance abuse problems.



Return to full duty those soldiers who demonstrate the ability to be substance free.



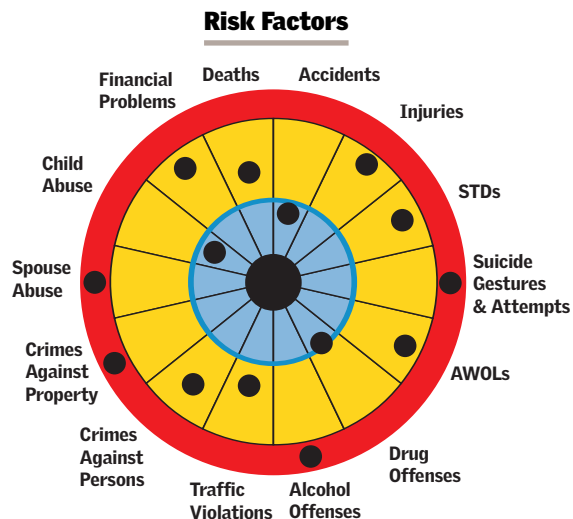
Visit www.ascap.army.mil for updates to this brochure and other ASAP-related materials.

As of 1 Oct 02, both FORSCOM and TRADOC have mandated the use of the Risk Reduction Program (RRP).

The RRP is designed to gather data about fourteen high risk behaviors that effect unit readiness such as drug and/or alcohol offenses, deaths, spouse and child abuse incidents. This data is then compared to installation and Army averages and then graphically displayed as a target. Ideally commanders want to have all of their data within the bull's-eye. The farther out the black dot is the higher the incidents of occurrence are.

Commanders can quickly identify problem areas and react with additional awareness training. If your unit is off target on drug and alcohol offenses, you will need to set up some additional unit training.

As a Commander you may also have the 53-item Unit Risk Inventory (URI) administered to the unit on an annual basis. The URI asks soldiers about their behaviors and averages are calculated for the unit. The results of the URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors. The URI is a great tool for incoming commanders to assess the climate within their new unit.



Implement and maintain, even while deployed, a unit substance abuse program:

- Appoint on orders an officer or non-commissioned officer (E-5 or above) to be trained and certified as the Unit Prevention Leader (UPL).
- Ensure that the Unit Substance Abuse Program SOP and other policies are up to date and signed by you.
- Conduct random unpredictable unit urinalysis at a minimum rate of one random sample per soldier per year.
- Maintain contact with both the clinical and command ASAP staff to ensure you are kept abreast of:
 - New training and educational materials, Risk Reduction data, drug and alcohol trends, availability and statistics within your community or area of deployment.
 - The status of your soldiers enrolled in treatment.
 - Changes in regulations or policies, programs and campaigns within the military community.
- Support and utilize the Risk Reduction Program and work with the Risk Reduction Coordinator and the Installation Prevention Team (IPT) to design and provide prevention and intervention on identified high risk unit behaviors.
- Ensure that required training and briefings are provided.
 - All soldiers are required by AR 600-85 to receive 4 hours of alcohol and other drug awareness training annually. All newly assigned soldiers are to be briefed on local and command ASAP policies and services.
 - Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the USACIDC. This includes all positive test results that do not require a medical review as directed by USAMEDCOM. Positive tests that require MRO review will not be reported until receipt of verified illegal use by the MRO.
 - Assess programs and provide feedback to the Risk Reduction Coordinator and Installation Prevention Team for program improvements.

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How do I get a UPL certified and how do I get 4 hours of unit training for my unit?

Contact your Prevention Coordinator to schedule your potential UPL to take the 40 hour UPL Certification course. Your UPL should receive a copy of the UPL Certification Training Program (CTP) CD-ROM which includes all the training resources for the course.

Once certified, your UPL with help from the ASAP staff, the UPL CTP CD and the ACSAP website should be able to provide or schedule your alcohol and other drug awareness training.

With prior coordination the Prevention Coordinator can provide some of the required training.



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How do I test a soldier for alcohol, steroids or some other drug not normally tested?

If you have reason to believe (probable cause verified by SJA) that a soldier(s) is using a specific drug other than THC, cocaine, or amphetamines then you can take one of the following steps:

- **Rotational drugs:** Request by memorandum that the specimen(s) be tested for LSD, PCP, opiates, or barbiturates in addition to THC, cocaine and amphetamines testing. State the specimen(s) to be tested by SSN and other identifying information from the urinalysis paperwork. **do not** place the soldier(s) name on the memorandum or the FTDTL will destroy the specimen IAW their SOP.
- **Steroids:** Request by memorandum that a specimen be tested for steroids. Specimens that are requested for steroid testing will **only** be tested for steroids. You must have probable cause (verified by SJA) to request this test. Coordination with your local IBTC is also required prior to specimen collection. Steroid tests take from 6 to 8 weeks for a result.
- **Special Test:** Special tests are tests for other drugs such as mushrooms (psilocybin) or prescription drugs such as oxycodone, etc. These tests can only be ordered when you have probable cause and you must coordinate with the IBTC prior to collection. These tests require different paperwork and are sent to the Armed Forces Institute of Pathology (AFIP) in Rockville, MD.
- **Alcohol:** If you have sufficient evidence to have probable cause (verified by SJA) that a soldier is impaired on duty then you can request a legal breath or blood alcohol test on that soldier. The ASAP does not accept specimens for alcohol. The soldier must receive a breath alcohol test from the MPs or get a legal blood alcohol test drawn at the local MTF (Contact the ADCO for additional information).

You should always consult with SJA concerning whether or not the Limited Use Policy applies.

Objectives of the "Limited Use Policy":

- To facilitate the identification of alcohol and other drug abusers by encouraging identification through self-referral.
- To facilitate the treatment and rehabilitation of those abusers who demonstrate the potential for rehabilitation and retention.
- If a commander identifies a soldier as a drug abuser through self-referral then the commander is not required to initiate separation action.
- A soldier can still be administratively discharged for a positive drug test that is covered by the Limited Use Policy but the soldier will receive an Honorable Discharge.

For More information on the Limited Use Policy see:

- AR 600-85
- Commander's Guide and UPL Handbook
- www.acsap.army.mil
- Your local SJA

What does the Limited Use Policy do?

- Prohibits the use by the government of *protected evidence* (evidence of certain positive drug results, or certain types of information about illegal drug or alcohol use) against a soldier in courts-martial, UCMJ or for an unfavorable characterization of service.

Definition of Smart Testing: The process where biochemical testing is conducted in such a manner that it is not predictable to the testing population. If your unit is conducting random smart testing then every soldier should believe that he/she can and may be tested on any given day at any given time.

DO's of Smart Testing:

- Back-to-back testing.
- Weekend/Holiday testing.
- Pre- and post- deployment testing.
- Testing during field exercises.
- Testing at the end of the duty day.
- Testing throughout the month.
- If you select them, then collect them.
- Randomly select soldiers utilizing the DoD Drug Testing Program (DTP).

DON'Ts of Smart Testing

- Don't ask for volunteers.
- Don't post testing on the training schedule; it defeats the entire purpose of testing, i.e. unpredictability.
- Don't let the soldiers off the hook who say they can't go, or claim "shy bladders."
- Don't announce testing the day before.
- Don't walk through the unit with your supplies prior to the test.
- Don't stop testing because it is the end of the duty day.

Why is Smart Testing important?

The urinalysis program is designed to be a deterrence program. If a soldier believes that he/she will be tested at some time and that he/she will receive negative consequences for testing positive, then he/she will most likely not risk using drugs. If a soldier can predict when he/she will be tested then he/she may beat the test by flushing his/her system with water; and the deterrent effect is lost.

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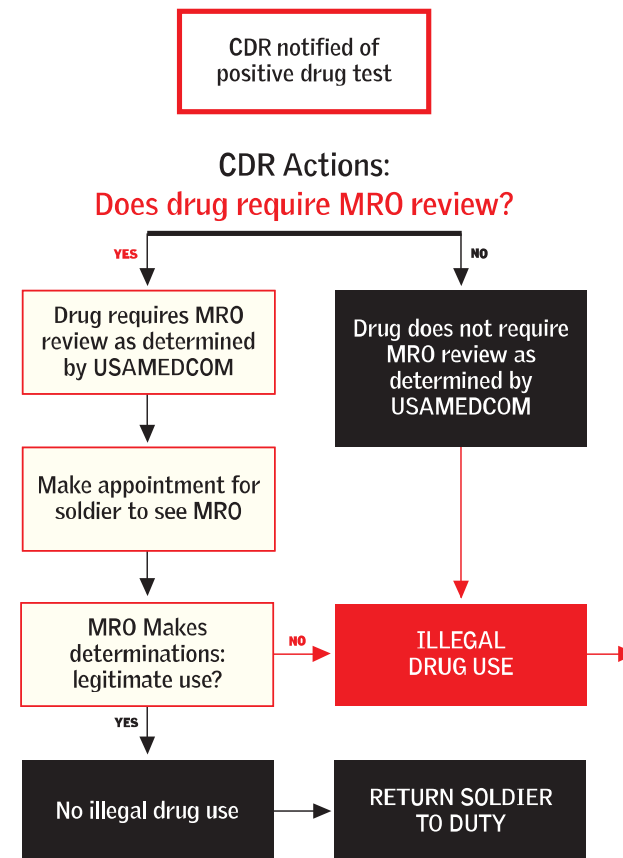
What do I need to know about the drug labs?

- There are two Army Forensic Toxicology Drug Testing Laboratories (FTDTL):
 - Tripler Army Medical Center, Honolulu, HI
 - Fort Meade, MD
- The FTDTLs test **all** acceptable specimens that they receive for:
 - THC (active ingredient of marijuana)
 - Cocaine
 - Amphetamine (includes methamphetamine and designer drugs such as Ecstasy)
- In addition, the laboratory tests the specimens for at least one, but up to all four of the following drugs:
 - LSD
 - PCP
 - Opiates (includes codeine, morphine, and heroin)
 - Barbiturates (includes phenobarbital, butalbital, and secobarbital)
- To be reported positive a specimen must test positive twice on a screening test and then a third time on a confirmation test using the industry standard methodology; if it tests negative anytime during the testing sequence then the specimen is destroyed and reported as negative. Positive specimens are held frozen at the FTDTL for one year after the report date.
- Both laboratories have expert witnesses that can:
 - Answer questions concerning the validity of soldier defenses.
 - Answer questions about what can and what cannot cause a positive result.
 - Testify in Courts Martial and boards both telephonically or in person.

All of the drugs can be detected at the positive level for up 72 hours after use, with the exception of LSD which is about 24 hours. This is based on a casual user, who ingests a normal street dose of the drug.

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What do I do with a positive urinalysis result?



BOTTOM LINE:
"All soldiers who are identified as drug abusers without exception will be processed for administrative separation with the exception of self referrals."
AR 600-85, PARA. 1-35A(3)

Commander will:

1. Consult with law enforcement.
2. Initiate flag.
3. If no law enforcement investigation, advise soldier of UCMJ Article 31 rights.
 - a. If soldier remains silent or requests a lawyer, STOP, conduct commander's inquiry without questioning soldier. See para 3-7A(3).
 - b. If soldier waives rights then:
 - Show evidence to soldier.
 - Request contraband.
 - Request statement.
 - Complete commander's inquiry. See R.C.M. 303.
4. Refer to ASAP
5. Consider UCMJ or other adverse action. See R.C.M. 306.
6. Initiate discharge. See AR 635-200, CHs 9 and 14.

Does this Positive require MRO review?	
DRUG	MRO Review?
THC, cocaine, LSD & PCP	NO
Amphetamines	
• Amphetamines & methamphetamines	YES
• MDMA (Ecstasy), MDEA, MDA	NO
Opiates	
• Codeine & morphine	YES
• 6 MAM (heroin)	NO
Barbiturates	YES